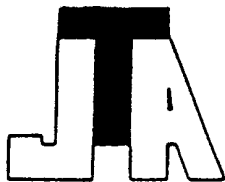


Appendix B: Sample Surveys

The following survey instruments are good examples of the many documents collected from local and state agencies over the past few years.

1. Point-of-contact surveys give immediate feedback based on one encounter with one part of your agency. They usually include questions about how were you treated by our staff today. **Re-employment Resources of Frederick County, MD.** Page Appendix-26.
2. Some surveys resemble the evaluation forms passed out at workshops and seminars. They ask about the specific training or service the customer received and usually include questions about the comfort of the training room and the eloquence of the instructor. The **Western Missouri PIC** has separate surveys for participants of general orientation sessions, job search workshops, assessment, and on-the-job-training. Pages Appendix-27 to Appendix-30.
3. Mail-back cards, such as those from the **North Dakota Job Service**, are inexpensive and easy to use. They are an excellent way to get short answers to basic questions. Pages Appendix-31 to Appendix-32.
4. The employer response survey from the **New River/Mount Rogers Consortium, Abington, VA**, folds up to make its own envelope for ease of use. Original is on legal-size card-stock. Pages Appendix-33 to Appendix-34.
5. **NOVA Consortium, Sunnyvale, CA**, has a survey for every purpose: pre and post program, follow-up, individual course and activity evaluations, and employer and service provider feedback. Pages Appendix-35 to Appendix-40.
6. The Enterprise Customer-Satisfaction Survey was a telephone survey conducted by **Westat, Inc. for the Enterprise Council** as part of the process used to determine whether or not program operators met the requirements for membership in the Enterprise. Pages Appendix-41 to Appendix-42.
7. The JTPA Title II-A Customer-Satisfaction Survey from **Social Policy Research Associates** was administered to thousands of participants as part of a major evaluation of the Title II program commissioned by ETA in 1994. Pages Appendix-43 to Appendix-56.
8. The survey developed by **ARBOR, Inc.** is being used by employment and training programs nationwide. It can be administered to participants more than once; early in training to assess attitudes about the intake process as well as initial perceptions of training, and following termination to assess their reaction to training as well as the perspective of being in the work force when relevant. It contains the two-dimensional grid of “important” and “satisfaction” described earlier. Pages Appendix-57 to Appendix-60.



RE-EMPLOYMENT RESOURCES
of Frederick County



As part of our continuing effort to provide the best possible customer service we are interested in your opinions on how we handled your needs and how we might improve customer service.

1. What was the purpose of your visit today? _____
2. Were you able to accomplish your purpose? _____ Yes _____ No
3. How would you rate the courtesy and attitude of the people that served you?
4. How would your rate the competence of the people that served you?
_____ Excellent _____ Acceptable _____ Needs Improvement
5. Was the information you received?
_____ Very Helpful _____ Somewhat helpful _____ Not helpful
6. Did you find the facilities adequate? _____ Yes _____ No
7. Did you feel you received prompt service when you visited this office today?
_____ Yes _____ No

Please make related comments below. Your remarks will be confidential and are intended to help us improve customer service.

Comments: _____

OPTIONAL:

Name: _____ Telephone Number: _____

Date: _____

Western Missouri Private Industry Council, Inc.
515 South Kentucky • P.O. Box 701
Sedalia, MO 65302-0701
(816) 827-3722

Evaluation of Worker Reentry Training & Employment Center Services -- SDA 4
General Information Meeting

Your opinion is **very important** to us. We want to provide you with the best possible services to meet your training needs. Please take the time to complete this survey. Thank you.

Circle the appropriate number.

Rate as follows: 0 = do not know/do not remember
 1 = poor
 2 = fair
 3 = good
 4 = excellent

- 0 1 2 3 4 1. Staff provided me with information about training and employment services available through the Missouri Worker Reentry Program.
- 0 1 2 3 4 2. Staff explained to me the possible benefits of participating in the Missouri Worker Reentry Program.
- 0 1 2 3 4 3. Staff explained what is expected of me in terms of attendance and behavior in order to participate in the Worker Reentry Program.
- 0 1 2 3 4 4. Staff treated me with respect and concern. *(If not, describe how you were treated.)* _____

- 0 1 2 3 4 5. Presenters explained things in terms that were easy to understand.
- 0 1 2 3 4 6. Facilities are comfortable and welcoming.
- 0 1 2 3 4 7. I feel that the Missouri Worker Reentry Program staff are competent, knowledgeable, enthusiastic, and caring.
- ☐ YES ☐ NO 8. I received printed materials about available services.
- ☐ YES ☐ NO 9. These materials are easy to understand and helpful. *(If "NO", any suggestions for improvement.)* _____

- ☐ YES ☐ NO 10. Are General Information meetings held at convenient times for you? *(If "NO", what is a better time/schedule?)* _____

- ☐ YES ☐ NO 11. Based on what I heard today, I will apply for Worker Reentry services. *(If "NO", why not?)* _____



Funded by the Western Missouri Private Industry Council, Inc., and the
Missouri Division of Job Development and Training

10/12/94

Evaluation of Worker Reentry Training & Employment Center Services -- SDA 4 Assessment Center

Circle the appropriate number.

0 1 2 3 4 1. Assessment Center staff explained testing instructions to me in a clear and understandable manner.

0 1 2 3 4 2. The assessment results accurately and fairly reflected my aptitudes.

0 1 2 3 4 3. The assessment results accurately and fairly reflected my vocational skills.

0 1 2 3 4 4. I understand my assessment results.

0 1 2 3 4 5. Assessment Center staff treated me with respect.

0 1 2 3 4 6. Assessment Center staff appears knowledgeable and capable.

0 1 2 3 4 7. The assessment results helped me decide on a career goal.

0 1 2 3 4 8. The assessment results confirmed my career choice for me.

0 1 2 3 4 9. The assessment gave me new options for careers I had not considered before.

0 1 2 3 4 10. Most helpful to me was: _____

0 1 2 3 4 11. Suggestions for improvement: _____

10/12/94

Western Missouri Private Industry Council, Inc.
515 South Kentucky • P.O. Box 701
Sedalia, MO 65302-0701
(816) 827-3722

Evaluation of Worker Reentry Training & Employment Center Services -- SDA 4
Job Search Workshop

Your opinion is **very important** to us. We want to provide you with the best possible services to meet your training needs. Please take the time to complete this survey. Thank you.

Circle the appropriate number.

Rate as follows: **0 = do not know/do not remember**
 1 = poor
 2 = fair
 3 = good
 4 = excellent

- | | |
|------------------|--|
| 0 1 2 3 4 | 1. I understood the reason for attending the workshop. |
| 0 1 2 3 4 | 2. I found the information from the workshop helpful. |
| 0 1 2 3 4 | 3. The presentations were interesting and useful. |
| 0 1 2 3 4 | 4. The instructor seemed well prepared and knowledgeable about the material. |
| 0 1 2 3 4 | 5. The instructor presented information in a way that was easy to understand. |
| 0 1 2 3 4 | 6. The participant handouts were useful to me. |
| 0 1 2 3 4 | 7. The pace of the class was okay with me (<i>i.e., not too slow, not too fast</i>). |
| 0 1 2 3 4 | 8. The facilities are comfortable and welcoming. |
| 0 1 2 3 4 | 9. The days and hours were convenient for me. |
| 0 1 2 3 4 | 10. I feel more prepared on how to find and keep a job than before I started. |
| 0 1 2 3 4 | 11. I had enough time to practice my interviewing skills. |
| 0 1 2 3 4 | 12. I had enough time to start making employer contacts using the phone bank. |
| 0 1 2 3 4 | 13. Who is your Case Manager (<i>if applicable</i>)? _____ |
| 0 1 2 3 4 | 14. What suggestions do you have to improve the workshop? _____ |

Date _____



Funded by the Western Missouri Private Industry Council, Inc., and the
Missouri Division of Job Development and Training

10/12/94



BENEFITS SURVEY
JSND/EXECUTIVE DIVISION
SFN 41648 (R. 8-95)

1. In which Job Service office did you file for job insurance benefits?

2. Rate each of the following statements. In receiving benefits, the Job Service employees I've dealt with:

	Excellent	Average	Poor
Were courteous	6 5 4 3 2 1		
Answered questions knowledgeably	6 5 4 3 2 1		
Were easy to talk to	6 5 4 3 2 1		
Had a positive attitude	6 5 4 3 2 1		
Resolved problems fairly	6 5 4 3 2 1		

Comments: _____

3. Please indicate your thoughts on the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The letters Job Service sends me about benefits are easy to understand.	6 5 4 3 2 1			
b. The forms I fill out pertaining to benefits are easy to fill out.	6 5 4 3 2 1			
c. I understand what is expected of me in order to receive benefits.	6 5 4 3 2 1			

Comments: _____

4. Overall, in your contacts with Job Service, how would you rate our service?

Excellent	Average	Poor
6 5 4 3 2 1		

5. Do you have ideas that would help us improve our service?

6. If you want information on job training programs, please check here and sign your name so we can contact you. _____

7. How long have you been receiving benefits? _____

Thank you. Your help is appreciated. Please mail.

Name _____

Address _____

Phone Number _____

Job Service is an equal opportunity employer/program provider.
Auxiliary aids and services are available on request.

120
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300
JOB SERVICE North Dakota

BUSINESS REPLY MAIL

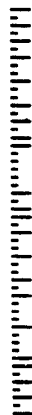
FIRST CLASS MAIL

PERMIT NO. 12834

WASH., D.C.

Postage will be paid by the U.S. Department of Labor.
US DEPARTMENT OF LABOR

JOB SERVICE NORTH DAKOTA
PO BOX 5507
BISMARCK ND 58502-5507



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



EMPLOYER SURVEY

JSND/EXECUTIVE DIVISION
SFN 41647 (R. 8-95)

Job Service Office: _____ Today's Date: _____

- | | Satisfactory | Unsatisfactory |
|--|--------------|----------------|
| 1. Did you receive prompt, courteous service? | 5 4 3 2 1 | |
| 2. Were you kept informed of the status of your job opening? | 5 4 3 2 1 | |
| 3. Was our staff knowledgeable about our employer services? | 5 4 3 2 1 | |
| 4. Were all of your questions answered? | 5 4 3 2 1 | |
| 5. Did applicants meet the minimum qualifications you set? | 5 4 3 2 1 | |
| 6. Do you feel you have a good working relationship with Job Service? | 5 4 3 2 1 | |
| 7. Do you plan to use our services again? | Yes | No |
| 8. Will you recommend us to other employers? | Yes | No |
| 9. Overall, how would you rate the service provided to your company? | 5 4 3 2 1 | |
| 10. If applicable, did you request any of the following tests in your search for employees? Please check one.
Pre-employment testing _____ New keyboard testing _____
Does not apply _____ | | |
| 11. What suggestions can you offer to improve the local Job Service office?

_____ | | |
| 12. Other comments: _____

_____ | | |

Thank you. Your help is appreciated. Please mail.

Name _____

Business Name _____

Phone Number _____

Job Service is an equal opportunity employer/program provider.
Auxiliary aids and services are available on request.



APPLICANT SURVEY

JSND/EXECUTIVE DIVISION
SFN 41649 (R. 8-95)

1. Job Service Office: _____ Today's Date: _____

2. What was your primary reason for visiting our office?
Check one.
____ To find or apply for another job
____ Job insurance benefits
____ Vocational or job training
____ To take pre-employment tests
____ To receive job or career counseling
____ To use the resource center
3. Grade each of the following statements: During this visit, the Job Service employee I dealt with:
- | | Excellent | Average | Poor |
|-----------------------------------|-------------|---------|------|
| Treated me with respect | 6 5 4 3 2 1 | | |
| Answered my questions | 6 5 4 3 2 1 | | |
| Was helpful and concerned | 6 5 4 3 2 1 | | |
| Was easy to talk to | 6 5 4 3 2 1 | | |
| Had a positive attitude | 6 5 4 3 2 1 | | |
| Gave timely and efficient service | 6 5 4 3 2 1 | | |
4. Overall, I feel this visit to Job Service has been: 6 5 4 3 2 1
- Comments: _____

5. Have you made use of the resource center? __ Yes __ No
a. If yes, did you find it helpful? __ Yes __ No
6. What other job search tools would you like to see in the resource center?

7. What other ways can we improve our service? _____

8. How long have you been looking for a job? _____

Thank you. Your help is appreciated.
Deposit in box in lobby or drop it in the mail.

Name _____

Address _____

Phone Number _____

Job Service is an equal opportunity employer/program provider.
Auxiliary aids and services are available on request.

**NEW RIVER/MOUNT ROGERS
CONSORTIUM &
PRIVATE INDUSTRY
COUNCIL**

**EMPLOYER
RESPONSE
SURVEY**

Dear Employer:

Thank you for recently hiring an individual who received training/employment assistance through a program funded by the New River/Mount Rogers Consortium and Private Industry Council.

We have developed this survey so that we may better respond to the needs of our region's employers.

Your candid feedback is valuable to us as we plan future job training programs in conjunction with our training agencies.

Sincerely,



Gerald D. Griswold
Executive Director

NEW RIVER/MOUNT ROGERS CONSORTIUM AND PRIVATE INDUSTRY COUNCIL

EMPLOYER RESPONSE SURVEY

1. What training agency provides the job training services you utilized?

2. How did you learn of this training provider?

3. Was this the first time you've worked with this training agency to fulfill your employment needs?
Yes ☐ No ☐
4. How satisfied are you with the employee(s) you obtained through the training agency you worked with?
Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied ☐
5. If the employee received job training from this agency, were you satisfied with the quality of the training?
Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied ☐
6. For what occupation was this individual hired?

7. Would you hire employees through this training agency again if you had additional openings in the same or similar positions?
Definitely ☐ Possibly ☐ Never ☐
8. Would you hire employees through this training agency again in other positions/occupations?
Definitely ☐ Possibly ☐ Never ☐
9. How would you describe the process of working with the training agency?
Very Easy ☐ Easy ☐ Difficult ☐ Very Difficult ☐
10. Did the training agency provide you with any of the following hiring incentives? (check all applicable)
☐ Free recruitment and screening
☐ Tax Credits
☐ On the job training subsidies
☐ Other _____
11. If you received on the job training subsidies, how important were they in your decision to hire this person?
Very Important ☐ Important ☐ Not Important ☐
12. Will you be hiring additional employees in the next six months?
Yes ☐ No ☐
13. Please check the following which you find are areas of concern in the current workforce.
☐ Lack of education ☐ Lack of work ethic
☐ Poorly trained ☐ Absenteeism
☐ High turnover ☐ Low productivity
☐ Drug problems ☐ Child care
☐ Poor English ☐ Lack of trained workers to hire
☐ Other _____
14. What type of business are you in?
☐ Manufacturing
☐ Retail
☐ Service
☐ Not-for-profit
☐ Wholesale
☐ Other _____
15. What size is your company?
☐ Small (less than 20)
☐ Medium (21 to 99)
☐ Large (more than 100)
16. If you have any additional comments, please provide them below.

Name _____
Title _____
Organization _____
Address _____
City _____ State _____ ZIP _____
Phone _____
FAX _____

If you would like more information on the services offered by the New River/Mount Rogers Consortium and Private Industry Council, please call our Administrative Entity at (703) 628-4185

PARTICIPANT SURVEY -- NOVA ORIENTATION

To help us improve our services, we would like your opinions about the NOVA orientation process. Thank you for your time and assistance.

DIRECTIONS: PLEASE CHECK THE BOX OR WRITE IN THE ANSWER THAT BEST APPLIES.

- | | YES
1 | SOMEWHAT
2 | NO
3 |
|---|--------------------------------|-------------------------------|--------------------------|
| 1. NOVA counselor _____ | | | |
| 2. Was the NOVA counselor professional and personable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the counselor explain clearly what NOVA could provide? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you get a clear explanation of the assessment process and its purpose? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a clear understanding of your responsibilities as a participant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can NOVA provide the services that you need? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If not, were you given referrals to other agencies that might help? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you understand the next steps for you at NOVA and how the NOVA process fits with your overall career goals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you still have any questions that weren't answered to your satisfaction? | 1 YES <input type="checkbox"/> | 2 NO <input type="checkbox"/> | |
| 10. If yes, please explain _____ | | | |
| 11. Do you have any suggestions for improvement? _____ | | | |
| 12. Why did you come to NOVA? _____ | | | |
| 13. Were your expectations realistic? 1 YES <input type="checkbox"/> 2 SOMEWHAT <input type="checkbox"/> 3 NO <input type="checkbox"/> 4 DON'T KNOW <input type="checkbox"/> | | | |
| 14. Your most recent job title _____ | | | |
| 15. How many years of schooling have you had? (PLEASE CIRCLE) LESS 7 8 9 10 11 12 13 14 15 16 17 18 19 20 MORE | | | |
| 16. Your Name (optional) _____ Today's Date _____ | | | |
| If you would like to be contacted to discuss this survey, please provide your telephone number (____) _____ | | | |

Please return to the SURVEY box located in this room or at CTC front desk.

Thank you for your time!

4/18/94

NOVA PARTICIPANT SURVEY -- INDIVIDUAL FOLLOW-UP

To help us improve our services, we would like your opinions about today's follow-up assessment. Thank you for your time and assistance.

DIRECTIONS: PLEASE CHECK BOX OR WRITE IN THE ANSWER THAT BEST APPLIES.

NOVA counselor you saw today _____

1. For each of the following career assessment exercises, please indicate to what extent it helped you to understand yourself and your career goals.

	CHECK BOX					NOT APPLICABLE
	FROM 1 (LOWEST)	TO	5 (HIGHEST)			(CHOSE NOT TO DISCUSS TODAY)
	1	2	3	4	5	0
Self-Directed Search (SDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myers Briggs Type Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPS (5-minute timed tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values Card Sorts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated Card Sorts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | 1 YES | 2 SOMEWHAT | 3 NO |
|--|--------------------------|--------------------------|--------------------------|
| 2. Was today's counselor professional and personable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the counselor knowledgeable about program services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you learn something valuable from today's session? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was there enough time allowed for today's appointment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you participate in the development of your re-employment plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your re-employment plan accurately reflect your career goals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you understand the next steps for you at NOVA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you agree with your re-employment plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Overall, did assessment help you to focus on your re-employment goals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. What suggestions do you have for improvement? _____ | | | |

12. What was your most recent job title? _____

13. How many years of schooling have you had? (PLEASE CIRCLE) LESS 7 8 9 10 11 12 13 14 15 16 17 18 19 20 MORE

Your Name (optional) _____ Today's Date _____

If you would like to be contacted to discuss this, please provide your telephone number (_____) _____

Please return to the SURVEY box at the CTC front desk. Thank you for your time!

4/28/94

PARTICIPANT SURVEY -- NOVA REGISTRATION

To help us improve our services, we would like your opinions about the NOVA registration process. Thank you for your time and assistance.

DIRECTIONS: PLEASE CHECK THE BOX OR WRITE IN THE ANSWER THAT BEST APPLIES.

1. How long since you first contacted NOVA was today's appointment? _____ (days ☐) (weeks ☐)
2. Did today's appointment start on time? 1 YES ☐ 2 NO ☐ (If not, how late? _____)
 NOVA counselor _____
3. Was the NOVA counselor professional and personable? YES 1 ☐ SOMEWHAT 2 ☐ NO 3 ☐
4. Did the counselor explain clearly what NOVA could provide? ☐ ☐ ☐
5. Did you get a clear explanation of the assessment process and its purpose? ☐ ☐ ☐
6. Do you have a clear understanding of your responsibilities as a participant? ☐ ☐ ☐
7. Can NOVA provide the services that you need? ☐ ☐ ☐
8. If not, were you given referrals to other agencies that might help? ☐ ☐ ☐
9. Do you understand the next steps for you at NOVA and how the NOVA process fits with your overall career goals? ☐ ☐ ☐
10. Did you know what NOVA offered before coming here today? ☐ ☐ ☐
11. Do you still have any questions that weren't answered to your satisfaction? 1 YES ☐ 2 NO ☐
 If yes, please explain _____
12. Do you have any suggestions for improvement? _____
13. Why did you come to NOVA? _____
14. Where did you last work (name of company)? _____ Job title _____
15. How many years of schooling have you had? (PLEASE CIRCLE) LESS 7 8 9 10 11 12 13 14 15 16 17 18 19 20 MORE
16. Your Name (optional) _____ Today's Date _____

If you would like to be contacted to discuss this survey, please provide your telephone number (____)_____

Please return to the SURVEY box at the front desk. Thank you for your time! 4/18/94

NOVA INDIVIDUAL REFERRAL (IR) SCHOOL SURVEY

To help us improve our services, we would like your opinions about the NOVA Individual Referral (IR) process. Thank you.

PLEASE CHECK BOX OR WRITE IN THE MOST APPROPRIATE RESPONSE FOR EACH QUESTION.

1. Was the IR Contract adequately explained by the NOVA representative? YES ☐ SOMEWHAT ☐ NO ☐
2. How many days did it take to get a signed copy of the IR Contract after the trainee started school? LESS THAN 15 DAYS ☐ 20 DAYS ☐ 30 OR MORE ☐
3. How many working days did it take to receive your training reimbursement after submission to NOVA? 5 DAYS ☐ 10 DAYS ☐ 12 DAYS ☐ 15 OR MORE ☐
4. Was the NOVA representative helpful in resolving problems related to the contract and/or billing process? YES ☐ SOMEWHAT ☐ NO ☐
5. Was the NOVA representative helpful in resolving problems with the trainee? YES ☐ SOMEWHAT ☐ NO ☐
6. How quickly did the NOVA representative usually return your calls? ONE DAY ☐ 2 DAYS ☐ 3 OR MORE DAYS ☐
7. How often did the NOVA representative contact you (in person or by phone) during the contract? TWICE A WEEK ☐ WEEKLY ☐ TWICE A MONTH ☐ MONTHLY ☐ LESS ☐ NEVER ☐
8. Was the NOVA representative knowledgeable, professional, and courteous? YES ☐ SOMEWHAT ☐ NO ☐
9. Overall are you satisfied with the NOVA representative? YES ☐ SOMEWHAT ☐ NO ☐
10. Overall are you satisfied with the NOVA IR process? YES ☐ SOMEWHAT ☐ NO ☐

PLEASE ANSWER THE FOLLOWING:

11. What was the most valuable aspect of NOVA's IR program? _____
12. What changes would you suggest to make it better? _____

Today's Date School (Optional) Your Name

**THANK YOU FOR YOUR ASSISTANCE. PLEASE RETURN TO NOVA
IN THE ENCLOSED POSTAGE-PAID ENVELOPE.**

3/15/94

INITIAL NOVA IR PARTICIPANT SURVEY

To help us improve our services, we would like your opinions about the Individual Referral (IR) process. Thank you.

PLEASE CHECK BOX OR WRITE IN MOST APPROPRIATE RESPONSE FOR EACH QUESTION.

	1 YES	2 SOMEWHAT	3 NO	4 NOT APPLICABLE
1. Is the school providing the training you expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel your training meets your personal re-employment goals (including skills and interests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel your training relates well to the results of your assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you feel that there was a wide enough selection of schools to obtain the training that you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, EXPLAIN _____				
5. Is your IR counselor helpful in resolving problems directly related to your training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your IR counselor helpful in resolving problems related to unemployment benefits, childcare, and transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall are you satisfied with your counselor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall are you satisfied with the NOVA IR process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Looking at your overall NOVA experience, how would you rate NOVA, from intake to assessment to the transition workshop to training/IR?	RATE FROM 1 (LOWEST) to 5 (HIGHEST)			
	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any comments or suggestions? _____				

_____ Today's Date
 _____ School
 Optional: _____ Your Name
 _____ IR Counselor

THANK YOU FOR YOUR ASSISTANCE. PLEASE RETURN TO NOVA IN THE ENCLOSED POSTAGE-PAID ENVELOPE.

4/28/94

FINAL NOVA IR PARTICIPANT SURVEY

To help us improve our services, we would like your opinions about NOVA Individual Referral (IR). Thank you.

PLEASE CHECK BOX OR WRITE IN MOST APPROPRIATE RESPONSE FOR EACH QUESTION.

	<i>¹</i> YES	<i>²</i> SOMEWHAT	<i>³</i> NO	<i>⁰</i> NOT APPLICABLE
1. Did the school provide the training that you expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel your training met your personal re-employment goals (including skills and interests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel your training related well to the results of your assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the length of time in training sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently employed? <div style="margin-left: 20px;">YES <input type="checkbox"/> Is your job directly related to the training you received? YES <input type="checkbox"/> NO <input type="checkbox"/></div> <div style="margin-left: 20px;">NO <input type="checkbox"/> Do you believe the training will help you to obtain a position in the field? YES <input type="checkbox"/> NO <input type="checkbox"/></div>				
6. Was the school helpful in assisting with your job search?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was NOVA helpful in assisting you with your job search?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often did your IR counselor contact you (in person or by phone) during your training period? <div style="margin-left: 20px;">WEEKLY <input type="checkbox"/> TWICE-MONTHLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> LESS <input type="checkbox"/> NEVER <input type="checkbox"/></div>				
9. Was this amount of contact sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was your IR counselor helpful in resolving problems with training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was your IR counselor helpful in resolving problems related to unemployment benefits, childcare, and transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall are you satisfied with your counselor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Overall are you satisfied with the NOVA IR process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What was the most valuable aspect of IR? _____				
15. What was the least effective aspect of IR? _____				
16. Looking at your overall NOVA experience, how would you rate NOVA, from intake to assessment to the transition workshop to training/IR?	RATE FROM 1 (LOWEST) to 5 (HIGHEST)			
	<i>¹</i> <input type="checkbox"/>	<i>²</i> <input type="checkbox"/>	<i>³</i> <input type="checkbox"/>	<i>⁴</i> <input type="checkbox"/>
	<i>⁵</i> <input type="checkbox"/>			

_____ Today's Date _____ School Optional: _____ Your Name _____ IR Counselor

THANK YOU FOR YOUR ASSISTANCE. PLEASE RETURN TO NOVA IN THE ENCLOSED POSTAGE-PAID ENVELOPE.

4/28/94

Hello, this is [YOUR NAME] from Westat, a social science research firm in Rockville, Maryland.

I would like to ask you some questions about the {NAME OF PROGRAM} and the {SUBCONTRACTOR}.. We want to know how you feel about the {NAME OF PROGRAM} including all other job training services you used. First I am going to read you a series of statements and ask you whether you disagree or agree with them. We will use a scale from “1” to “10” where “1” means you “**STRONGLY DISAGREE**” with the statement and “10” means you “**STRONGLY AGREE**” with the statement.

Using this scale, how much do you “**DISAGREE**” or “**AGREE**” that (READ STATEMENT)

Again, please answer using a scale of “1” to “10” where “1” means you “**STRONGLY DISAGREE**” and “10” means you “**STRONGLY AGREE.**”

		STRONGLY DISAGREE								STRONGLY AGREE		DK	REF
Q1	The program facilities were clean and well maintained.	1	2	3	4	5	6	7	8	9	10	11	12
Q2	The program facilities were pleasant and inviting.	1	2	3	4	5	6	7	8	9	10	11	12
Q3	The staff in the program treated you with respect.	1	2	3	4	5	6	7	8	9	10	11	12
Q4	When the program staff said they would do something, they did it.	1	2	3	4	5	6	7	8	9	10	11	12
Q5	The program staff responded quickly when you had a question or a problem.	1	2	3	4	5	6	7	8	9	10	11	12
Q6	The program staff were competent and knowledgeable.	1	2	3	4	5	6	7	8	9	10	11	12
Q7	The number of places you had to go to get service was reasonable.	1	2	3	4	5	6	7	8	9	10	11	12
Q8	The time it took to get service from the program was reasonable.	1	2	3	4	5	6	7	8	9	10	11	12
Q9	The program helped you.	1	2	3	4	5	6	7	8	9	10	11	12

Q10. Satisfaction includes many things. Let's move on and talk about your overall satisfaction with the program. First, please consider all your experiences to date with the program. Using a "1" to "10" point scale where "1" means "VERY DISSATISFIED" and "10" means "VERY SATISFIED," how satisfied are you with the program?

VERY DISSATISFIED									VERY SATISFIED			DK	REF
1	2	3	4	5	6	7	8	9	10			11	12

Q11. Considering all of the expectations you may have had about the program, to what extent has the program fallen short of your expectations or exceeded your expectations? "1" now means "FALLS SHORT OF EXPECTATIONS" and "10" means "EXCEEDS YOUR EXPECTATIONS."

FALLS SHORT									EXCEEDS			DK	REF
1	2	3	4	5	6	7	8	9	10			11	12

Q12. If you had a friend who was laid off, how likely is it that you would recommend the program to him or her? Here "1" means "NOT VERY LIKELY" and "10" means "VERY LIKELY."

NOT VERY LIKELY									VERY LIKELY			DK	REF
1	2	3	4	5	6	7	8	9	10			11	12

Q13. If you were in the same situation again, how likely is it that you would want to use the program another time? Remember "1" means "NOT VERY LIKELY" and "10" means "VERY LIKELY."

NOT VERY LIKELY									VERY LIKELY			DK	REF
1	2	3	4	5	6	7	8	9	10			11	12

Q14. Now I want you to think of the ideal program for laid off workers. How well do you think your program compares with that ideal program. "1" now means "NOT VERY CLOSE TO THE IDEAL," and "10" means "VERY CLOSE TO THE IDEAL."

NOT VERY CLOSE									VERY CLOSE			DK	REF
1	2	3	4	5	6	7	8	9	10			11	12

Q15a. Do you currently have a job?

YES	1
NO	2 (THANK AND TERMINATE)

Q15b. Finally, where "1" means "MUCH WORSE OFF" and "10" means "MUCH BETTER OFF;" overall, are you worse off or better off in your current job than in your last significant job before participating in the program?

MUCH WORSE OFF									MUCH BETTER OFF			DK	REF
1	2	3	4	5	6	7	8	9	10			11	12

THANK YOU FOR YOUR TIME IN ANSWERING THESE QUESTIONS.

JOB TRAINING PROGRAM SURVEY

ALL QUESTIONS ABOUT "THE PROGRAM" REFER TO THE PROGRAM IDENTIFIED BELOW.

1. Our records show that you received services from the program identified above. Was the program that helped you called by the name given above, or was the program called something else?

(PLEASE CIRCLE ONE NUMBER)

- I am familiar with the program name above 1
- The program from which I received services was called something else (please specify: _____) 2
- I don't recall the name of the program 3

2. How did you learn about the program?

(PLEASE CIRCLE ALL THAT APPLY)

- From a friend or family member 1
- From the AFDC or JOBS program 2
- From the General Assistance or other welfare program 3
- From the Vocational Rehabilitation program..... 4
- From the Employment Service or Unemployment Insurance office 5
- From a community organization (for example, Urban League) 6
- From another type of program (for example, the housing program or the Food Stamp program)..... 7
- From ads or announcements (for example, in the newspaper or on the radio or TV) 8
- Learned about the program in other ways (please specify:) 9
- _____
- Don't remember how I learned about the program 10

3. The services listed below are services that you may have gotten when you first applied to the program, **before you started training**. For each type of service listed below, please indicate if the program arranged for you to get this service and, if you got the service, **how helpful** that service was to you.

(PLEASE CIRCLE ONE NUMBER FOR EACH SERVICE)

	No— Program did NOT arrange to get this service for you	Yes— If the program DID ARRANGE to get this service for you, how helpful was it to you?				Don't remember if program arranged this service for you
		Extremely Helpful	Quite Helpful	Somewhat Helpful	Not At All Helpful	
a. Tests to help find out your skills and interests before you started training.	5	4	3	2	1	9
b. Information about the type of occupations generally available in your area.	5	4	3	2	1	9
c. Help in choosing the type of occupation you wanted to work in.	5	4	3	2	1	9
d. Help in deciding what training you needed to get a job that was right for you.	5	4	3	2	1	9

4. Did the program arrange for you to get any training in job skills at a school or training program?
(PLEASE CIRCLE ONE NUMBER)

Yes..... 1 ➡ PLEASE ANSWER QUESTION 5

No 2 ➡ PLEASE SKIP TO QUESTION 10

5. How helpful was that training in teaching you job skills?
(PLEASE CIRCLE ONE NUMBER)

Extremely Helpful	Quite Helpful	Somewhat Helpful	Not At All Helpful
4	3	2	1

6. About what was the length of the job skills training that you got?

(PLEASE CIRCLE YOUR BEST ESTIMATE)

- | | |
|--|---|
| Less than 2 months | 1 |
| 2 to less than 4 months | 2 |
| 4 to less than 6 months | 3 |
| 6 to less than 9 months | 4 |
| 9 to less than 12 months | 5 |
| 12 to less than 24 months (one to less than 2 years) | 6 |
| 24 months (2 years) or more | 7 |

7. About how many hours a week did you usually get job skills training?

(PLEASE CIRCLE ONE NUMBER)

- | | |
|-------------------------------|---|
| Less than 5 hours a week..... | 1 |
| 5 to 9 hours a week | 2 |
| 10 to 14 hours a week | 3 |
| 15 to 19 hours a week | 4 |
| 20 to 24 hours a week | 5 |
| 25 to 29 hours a week | 6 |
| 30 to 34 hours a week | 7 |
| 35 or more hours a week..... | 8 |

8. At what type of school or training institution did you get training in job skills?

(PLEASE CIRCLE ALL THAT APPLY)

- | | |
|--|---|
| The program itself | 1 |
| Community college or junior college | 2 |
| Public vocational or technical school | 3 |
| Other public school or training program..... | 4 |
| Private school or training program | 5 |
| Community organization | 6 |
| Other (please specify: _____) | 7 |
| Have no idea | 8 |

9. How did you support yourself/your family financially while you were in training?

(PLEASE CIRCLE ALL THAT APPLY)

- Welfare payments 1
- Food Stamps 2
- A Pell grant..... 3
- Financial assistance from the program 4
- Help or money from spouse or family members 5
- Savings 6
- A federal student loan..... 7
- Another type of loan 8
- A job..... 9
- Unemployment Insurance (UI) payments 10
- Other (please specify: _____) 11

10. Did the program arrange for you to get any training in educational skills (for example, brushing up on your reading or math skills, training to get a GED, or training in English as a second language)?

(PLEASE CIRCLE ONE NUMBER)

- Yes 1 ➡ PLEASE ANSWER QUESTION 11
- No 2 ➡ PLEASE SKIP TO QUESTION 16

11. How helpful was that training in teaching you educational skills?

(PLEASE CIRCLE ONE NUMBER)

- | | | | |
|-----------------------------|-------------------------|----------------------------|------------------------------|
| Extremely
<u>Helpful</u> | Quite
<u>Helpful</u> | Somewhat
<u>Helpful</u> | Not At All
<u>Helpful</u> |
| 4 | 3 | 2 | 1 |

12. As a result of this educational skills training, did you get a GED?

(PLEASE CIRCLE ONE NUMBER)

- Yes 1
- No 2

13. **If you got job skills training as well as educational training, was the educational skills training you got part of your job skills training courses, or was it a separate course?**
(PLEASE CIRCLE ONE NUMBER)

Doesn't apply to me:

- Did not receive job skills training 0 ➡ PLEASE ANSWER QUESTION 14
Part of job skills training 1 ➡ PLEASE SKIP TO QUESTION 16
Separate course 2 ➡ PLEASE ANSWER QUESTION 14

14. **About what was the length of educational skills training that you got?**
(PLEASE CIRCLE ONE NUMBER)

- Less than 2 months 1
2 to less than 4 months 2
4 to less than 6 months 3
6 to less than 9 months 4
9 to less than 12 months 5
12 to less than 24 months (one to less than 2 years) 6
24 months (2 years) or more 7

15. **About how many hours a week did you usually get educational skills training?**
(PLEASE CIRCLE ONE NUMBER)

- Less than 5 hours a week 1
5 to 9 hours a week 2
10 to 14 hours a week 3
15 to 19 hours a week 4
20 to 24 hours a week 5
25 to 29 hours a week 6
30 to 34 hours a week 7
35 or more hours a week 8

16. **Did you get any paid on-the-job training (OJT) arranged through the program? (Note: If the training was arranged through the program, the program would have paid your employer for part of your wages.)**
(PLEASE CIRCLE ONE NUMBER)

- Yes 1 ➡ PLEASE ANSWER QUESTION 17
No 2 ➡ PLEASE SKIP TO QUESTION 18

17. How helpful was the OJT in **teaching you skills** that you needed for your job?
 (PLEASE CIRCLE ONE NUMBER)

Extremely <u>Helpful</u>	Quite <u>Helpful</u>	Somewhat <u>Helpful</u>	Not At All <u>Helpful</u>
4	3	2	1

18. While you were in training, did you talk to someone from the program about your progress in training or your need for help?
 (PLEASE CIRCLE ONE NUMBER)

Yes 1 ➞ PLEASE ANSWER QUESTION 19
 No 2 ➞ PLEASE SKIP TO QUESTION 21

19. About how often did you talk with someone from the program about your progress or your need for help?
 (PLEASE CIRCLE ONE NUMBER)

Once a week 1
 Once every two weeks 2
 Once a month..... 3
 Once every two months..... 4
 Less often than once every two months 5
 Don't remember..... 9

20. How helpful was that person to you in your ability to participate in training?
 (PLEASE CIRCLE ONE NUMBER)

Extremely <u>Helpful</u>	Quite <u>Helpful</u>	Somewhat <u>Helpful</u>	Not At All <u>Helpful</u>
4	3	2	1

21. Did you get any of these other types of services from the program?

For each type of service listed below, please indicate if the program arranged for you to get this service and, if you got the service, **how helpful** that service was to you.

(PLEASE CIRCLE ONE NUMBER FOR EACH SERVICE)

	No— Program did NOT arrange to get this service for you	Yes— If the program DID ARRANGE to get this service for you, how helpful was it to you?				Don't remember if program arranged this service for you
		Extremely Helpful	Quite Helpful	Somewhat Helpful	Not At All Helpful	
a. Workshop teaching "life skills" (for example, how to set goals, improve your self image, how to communicate better, how to manage your money).	5	4	3	2	1	9
b. Workshop teaching "world of work skills" (for example, what employers expect of their workers, how to work in teams, how to keep a job once you've been hired).	5	4	3	2	1	9
c. Training in how to start and run your own business.	5	4	3	2	1	9
d. Information about how to look for a job (for example, preparing a resume, conducting job interviews, how to find out about job openings).	5	4	3	2	1	9
e. Assistance in finding a new job (for example, names of employers with job openings, advice when looking for a job, meetings with other people looking for jobs).	5	4	3	2	1	9

22. Did the program give you any financial assistance or help with your expenses while you were participating in the program?

(PLEASE CIRCLE ALL THAT APPLY)

Doesn't apply to me: The program did not give

me financial assistance or help with my expenses 0  PLEASE SKIP TO QUESTION 24

Helped with my tuition	1
Helped with my transportation costs	2
Helped with my child care costs	3
Helped with training expenses (for example, books, tools, uniforms)	4
The program gave me money directly (for example, for emergencies or for training allowance)	5
Helped me get student financial aid (for example, Pell grants or student loans)	6
Helped me get other kinds of financial assistance (please specify:)	7

23. Overall, how helpful was the financial assistance or help with your expenses in your ability to participate in training?

(PLEASE CIRCLE ONE NUMBER)

Extremely <u>Helpful</u>	Quite <u>Helpful</u>	Somewhat <u>Helpful</u>	Not At All <u>Helpful</u>
4	3	2	1

24. Did the **program help you get** services from any of the following programs:

(PLEASE CIRCLE ALL THAT APPLY)

Welfare program (for example, AFDC or general assistance)	1
Vocational Rehabilitation (VR) program	2
Housing or utilities program	3
Food program (for example, Food Stamps, food banks)	4
Program providing clothing	5
Medical, dental, or eye-care program (for example, Medicaid, the Lions Club)	6
Substance abuse program	7
Personal or family counseling	8
Child care coordinating council	9
Legal aid program	10
Transportation programs	11
Budgeting or financial management program	12
Other (please specify: _____)	13

25. What services that you did not get from the program **would you have liked to get?**

(PLEASE CIRCLE ALL THAT APPLY)

Doesn't apply to me:	
I received all the services from the program that I wanted.....	0
Tests to help find out your skills and interests.....	1
Information about the type of occupations generally available in your area	2
Help in choosing the type of occupation you wanted to work in	3
Help in deciding what training you needed.....	4
Training in job skills at a school or training institution.....	5
Training in educational skills such as obtaining a GED or brush up on math or reading skills.....	6
On-the-job training	7
Someone to talk to regularly about your progress in the program.....	8
Workshops teaching "life skills," things like how to set goals, improve your self-image, how to communicate better, how to manage your money	9
Workshops teaching "world of work skills," things like what employers expect of their workers, how to work in teams, how to keep a job once you've been hired.....	10
Training in how to start or run your own business	11
Information about how to look for a job (for example, preparing a resume, conducting job interviews, how to find out about job openings, etc.)	12
Assistance in finding a new job (for example, job leads, advice when looking for a job, etc.)	13
Child care assistance.....	14
Transportation assistance.....	15
Other financial assistance or help with your expenses.....	16
Help in getting services from other programs.....	17
Services after you started working (for example, help with transportation or child care costs).....	18
Other services that I would have liked to receive from the program	19
(please specify:)	

26. Please indicate how much you agree or disagree with each of the following statements about the program.

(PLEASE CIRCLE **ONE** NUMBER FOR **EACH** ITEM)

	Agree Strongly	Agree Mostly	Disagree Mostly	Disagree Strongly	Have No Idea
a. The people in the program treated me with respect.	4	3	2	1	9
b. The people in the program seemed to care what happened to me.	4	3	2	1	9
c. The services that I received from the program were well coordinated.	4	3	2	1	9
d. I had to go to too many places to get the help I needed.	4	3	2	1	9
e. Not having enough money to support myself kept me from getting the type of training that I really wanted.	4	3	2	1	9
f. I had to wait too long to get help after I applied to the program.	4	3	2	1	9
g. The tests I took made me feel nervous and uncomfortable.	4	3	2	1	9
h. The program encouraged me to find out about jobs that were right for me.	4	3	2	1	9
i. The program let me choose the type of occupation I could get training in.	4	3	2	1	9
j. The training I got was too short to teach me the skills I needed to get a good job.	4	3	2	1	9
k. The program helped me get all the services I needed so I could go through training.	4	3	2	1	9
l. The program taught me how to use my new skills on the job.	4	3	2	1	9

27. Overall, how helpful was the program to you?

(PLEASE CIRCLE ONE NUMBER)

Extremely Helpful	Quite Helpful	Somewhat Helpful	Not At All Helpful
4	3	2	1

28. How likely is it that you would recommend the program to a friend?

(PLEASE CIRCLE ONE NUMBER)

Extremely <u>Likely</u>	Quite <u>Likely</u>	Somewhat <u>Likely</u>	Not At All <u>Likely</u>
4	3	2	1

29. Are you currently employed?

(PLEASE CIRCLE ONE NUMBER)

Yes 1 ☞ PLEASE ANSWER QUESTION 30

No 2 ☞ PLEASE SKIP TO QUESTION 41

30. How many hours per week do you usually work **at this job**?

_____ hours per week

31. How much do you currently earn in this job **before taxes or other deductions**?

\$ _____ per hour

\$ _____ per week

Please enter your wages on **one** of the lines provided

\$ _____ per month

\$ _____ per year

32. Have you worked in any other jobs since you left the program?

(PLEASE CIRCLE ONE NUMBER)

Yes 1

No 2

33. If you got on-the-job training (that is, OJT), is the job you have now the same job that you worked in for your OJT training?

(PLEASE CIRCLE ONE NUMBER)

Doesn't apply to me:
Didn't receive on-the-job training 0

Yes 1

No 2

34. How much do you agree or disagree with this statement:

It would have been hard for me to get this job without the services and training I got from the program.

(PLEASE CIRCLE ONE NUMBER)

<u>Agree Strongly</u>	<u>Agree Mostly</u>	<u>Disagree Mostly</u>	<u>Disagree Strongly</u>
4	3	2	1

35. **Considering all aspects of the job**, how satisfied are you with your current job?

(PLEASE CIRCLE ONE NUMBER)

<u>Extremely satisfied</u>	<u>Quite satisfied</u>	<u>Somewhat satisfied</u>	<u>Not at all satisfied</u>
4	3	2	1

36. Is this job in an occupation you wanted to work in?

(PLEASE CIRCLE ONE NUMBER)

Yes..... 1
No 2

37. **If you got educational or job skills training through the program**, how much do you use skills learned in training in your current job?

(PLEASE CIRCLE ONE NUMBER)

Doesn't apply to me:
I did not receive any educational
or job skills training from the program 0

<u>A Great Deal</u>	<u>Quite a Bit</u>	<u>Some</u>	<u>Not At All</u>
4	3	2	1

38. After you started working, did you get any services from the program?

(PLEASE CIRCLE ONE NUMBER)

Yes..... 1 ➡ PLEASE ANSWER QUESTION 39
No 2 ➡ PLEASE SKIP TO QUESTION 41

39. What services did you get after you started working?

(PLEASE CIRCLE ALL THAT APPLY)

- Additional training 1
 Help with transportation costs..... 2
 Help with child care costs 3
 Help with other work expenses (for example,
 uniforms, tools, or equipment) 4
 Help in getting services from other programs 5
 Other, please specify..... 6
-

40. How helpful were these services to you in your ability to stay on the job?

(PLEASE CIRCLE ONE NUMBER)

- | | | | |
|-----------------------------|-------------------------|----------------------------|------------------------------|
| Extremely
<u>Helpful</u> | Quite
<u>Helpful</u> | Somewhat
<u>Helpful</u> | Not At All
<u>Helpful</u> |
| 4 | 3 | 2 | 1 |

41. What is your current age?

(PLEASE CIRCLE ONE NUMBER)

- | | | | | |
|-----------------|--------------|--------------|--------------|-------------------|
| <u>Under 25</u> | <u>25-29</u> | <u>30-44</u> | <u>45-54</u> | <u>55 or over</u> |
| 1 | 2 | 3 | 4 | 5 |

42. What is your sex?

(PLEASE CIRCLE ONE NUMBER)

- Male 1
 Female 2

43. Of what race or ethnic group do you consider yourself to be a member?

(PLEASE CIRCLE ONE NUMBER)

- White (not Hispanic) 1
 Black (not Hispanic)..... 2
 Hispanic 3
 American Indian or Alaskan Native 4
 Asian or Pacific Islander 5
 Other 6

44. Is English your first language?

(PLEASE CIRCLE ONE NUMBER)

Yes 1

No 2

45. What was your level of education when you **began** the program?

(PLEASE CIRCLE ONE NUMBER)

Less than high school..... 1

High school graduate (or GED) 2

Some college..... 3

College graduate 4

46. When you began the program, were you receiving welfare payments?

(PLEASE CIRCLE ONE NUMBER)

Yes..... 1

No 2

Thank you very much for your participation.

Please return this completed questionnaire in the enclosed postage-paid envelope to:

*Social Policy Research Associates
200 Middlefield Road, Suite 100
Menlo Park, CA 94025
(Telephone: 415-617-8625)*



CUSTOMER SATISFACTION SURVEY

National Education & Training
Survey Service



This survey is being given to participants of job training programs to get your feedback on satisfaction with services. Your responses are completely ANONYMOUS; there is no way to identify you through this survey. We are seeking HONEST FEEDBACK in order to improve our programs.

SDA CODE:

PLACE BAR CODE HERE

SDA REGION:

SDA PROGRAM:

Marking Instructions

- Please use a pencil. If you change your answer erase completely.
- Please completely fill the response as shown in example:

Correct mark

Incorrect marks

● ○ ○ ○ ⊗ ⊘ ○ ○

I. Getting into the Training Program

1. Which organization did you initially go to prior to attending the job training program to determine your eligibility for training?

- ☐ PIC (Private Industry Council) ☐ Went Directly Into Job Training Program
☐ Welfare Office ☐ Other

Please rate the above agency in Section I.

2. Regarding the initial office where you applied/registered:

- | | Yes, Very
Much So | Yes,
Somewhat | No |
|--|-----------------------|-----------------------|-----------------------|
| a. Was the office conveniently located? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Were you able to get an appointment in a reasonable amount of time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Did the staff treat you with respect? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Was the staff helpful in answering your questions and offering assistance with forms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Did the staff thoroughly explain all the services offered through the program? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Were you satisfied with your initial contacts while applying/registering? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Remember, this is where you first applied, but before you started training:

- | | Yes, Very
Much So | Yes,
Somewhat | No | I Did Not
Need Help |
|---|-----------------------|-----------------------|-----------------------|------------------------|
| a. Were you satisfied with the information regarding the types of occupational training available to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Were you satisfied with the tests available to help determine your skills and interests? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Were test results clearly explained to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Did the staff thoroughly review the training and job options available to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Did the staff help you in choosing an occupation or career goal? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Did the staff help you decide which training program was best for you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Overall, how satisfied were you with the process of getting into a job training program?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied ☐ Not Applicable

5. How satisfied were you with the choices of job training programs available to you?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied ☐ Not Applicable

6. Did you get your first choice?

☐ Yes ☐ No ☐ Don't Know Yet

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II. Getting Support Services

7a. Did you receive the following support services?

- | | | |
|--|---------------------------|--------------------------|
| a. Child care assistance | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Transportation assistance | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Housing assistance | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Personal or family counseling | <input type="radio"/> Yes | <input type="radio"/> No |

7b. How important was it to you to get the following services?

7c. How satisfied were you with the services offered to you?

	7b. Importance to You			7c. Level of Satisfaction			
	Very	Somewhat	Not at All	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
a. Child care assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Transportation assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Housing assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Personal or family counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Overall, how satisfied were you with the support services you were given to help you in your training program?

- | | | | | |
|--------------------------------------|--|---|---|--------------------------------------|
| <input type="radio"/> Very Satisfied | <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Somewhat Dissatisfied | <input type="radio"/> Very Dissatisfied | <input type="radio"/> Not Applicable |
|--------------------------------------|--|---|---|--------------------------------------|

9. Overall, how satisfied were you with the length of time it took for you to receive your support services?

- | | | | | |
|--------------------------------------|--|---|---|--------------------------------------|
| <input type="radio"/> Very Satisfied | <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Somewhat Dissatisfied | <input type="radio"/> Very Dissatisfied | <input type="radio"/> Not Applicable |
|--------------------------------------|--|---|---|--------------------------------------|

III. The Job Training Program

Please rate the job training program you are currently in or most recently completed.

10. Which of the following services did you receive or do you expect to receive?

11. How satisfied were you with each of the services you received?

	10. Received/Expected		11. Level of Satisfaction					Did Not Receive Yet
	Yes	No	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied		
a. Job skills training (clerical, computers, nursing, food service, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Training in education skills (math, reading, GED preparation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Training in work readiness skills (how to get and keep a job)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Training in life skills (setting goals, managing money, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Work experience/internships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Career exploration/help in choosing career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Job search (seeking a position)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Job placement (getting a position).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Overall, how satisfied were you with the education and training services you received?

- | | | | |
|--------------------------------------|--|---|---|
| <input type="radio"/> Very Satisfied | <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Somewhat Dissatisfied | <input type="radio"/> Very Dissatisfied |
|--------------------------------------|--|---|---|

13. Sometimes everything seems important. However, we would like to know what is really important to you and what is less important. Please rate how important the following components of an education and training program are to you.

13. Importance				
	<u>Absolutely Critical</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not at All Important</u>
a. The staff is knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The staff is available when I need them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The staff treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The staff gives me feedback regularly about my progress in the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Adequate individual training and attention is given to meet my specific needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Training materials are interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. There are enough training materials and training equipment to meet students' needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The facility is clean and orderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The facility is easily accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The program's policies are fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. The program teaches me how to use my skills on the job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. The program helps me to succeed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. The program helps me feel better about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How would you rate your satisfaction of your training program in the following areas?

14. Level of Satisfaction					
	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Very Dissatisfied</u>
a. The staff is knowledgeable ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The staff is available when I need them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The staff treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The staff gives me feedback regularly about my progress ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Adequate individual training and attention is given to meet my specific needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Training materials are interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. There are enough training materials and training equipment to meet students' needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The facility is clean and orderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The facility is easily accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The program's policies are fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. The program teaches me how to use my skills on the job ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. The program helps me to succeed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. The program helps me feel better about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Overall how satisfied are you with the staff of the training program?

☐
Very
Satisfied

☐
Somewhat
Satisfied

☐
Somewhat
Dissatisfied

☐
Very
Dissatisfied

16. How likely is it that you would recommend the training program to a friend?
- ☐ Very Likely ☐ Somewhat Likely ☐ Somewhat Unlikely ☐ Very Unlikely
17. Was getting a job the goal of your program?
- ☐ Yes ☐ No
18. To what extent did you feel prepared for a job?
- ☐ Very Prepared ☐ Somewhat Prepared ☐ Somewhat Unprepared ☐ Very Unprepared
19. If you are now employed, how satisfied were you with the follow-up provided by the program?
- ☐ Very Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied ☐ Not Applicable
20. What was the total length of your education and training program?
- ☐ Fewer than 2 months ☐ 9 months to just under 12 months
☐ 2 months to just under 4 months ☐ One year to just under 2 years
☐ 4 months to just under 6 months ☐ 2 years or more
☐ 6 months to just under 9 months ☐ Not specified / Work at own pace
21. Which of the following best describes your current status?
- a. I have recently completed the training program** ☐ **OR** **b. I have not completed the program**
- ☐ Completed the program with a job ☐ I am still in the training program
☐ Completed the program without a job ☐ I am not in the program and did not complete it
☐ Completed the program and entered further training or education
☐ Obtained a GED

IV. About You

22. Please answer the following questions for classification purposes.
- a. Sex:
- ☐ Male ☐ Female
- b. Age:
- ☐ Under 22 ☐ 22 to 30 ☐ 31 to 40 ☐ 41 to 50 ☐ 51 or older
- c. Race:
- ☐ African-American ☐ Asian ☐ White ☐ Latino ☐ Native American
- d. Highest education level obtained:
- ☐ Less than 9th grade ☐ Some college
☐ Less than high school graduate ☐ 2 year college degree
☐ High school graduate or GED ☐ 4 year college degree or more
☐ Technical training after high school
- e. Public Assistance or Welfare Recipient:
- ☐ Yes ☐ No
- f. Dislocated Worker:
- ☐ Yes ☐ No

Thank you very much for completing this survey! Please place this questionnaire in the postage-paid envelope provided and mail back to:

ARBOR, Inc.,
One West Third Street,
Media, PA, 19063
610-566-8700



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